



TRANSPORTATION SCHOOL DISTRICT OF LOMIRA

Ann Larsen, Transportation Coordinator
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Lomira, WI 53048
(920) 269-4396 Fax (920) 269-4996



Family Name: _____ **4K, please indicate AM** _____ **PM** _____

Parent/Guardian Name: _____

Full Address: _____

Home Phone #: _____ Work/Cell Phone # _____

Will your child be utilizing transportation services? Yes _____ No _____

If NO, please choose from one of the following:

Dropped off & picked up by parent/guardian _____ Open Enrolled** _____ Other: _____
* Transportation not provided**

IF NO TRANSPORTATION NEEDED...STOP HERE!

SHUTTLE BUS INFO: (For TLC Students that live in Lomira and Theresa students that will attend school in Lomira.)

I live/work in the village of Lomira and I will transport my child to Lomira School to load and unload the bus. Yes _____ No _____

If yes, please specify what days: M T W TH F Please indicate who is responsible for getting the child on/off the bus _____

Student Name	School	Grade

Child(ren) will ride bus to school _____ from home _____ Day Care** _____ Other**

Child(ren) will ride bus from school _____ to home _____ Day Care** _____ Other**

**Day Care Provider (if applicable): _____

Day Care Address: _____

Day Care Phone: _____

Special Arrangements: _____

Signature of Parent/Guardian: _____ Date: _____